

MULTIPLE DEPENDENT  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

603055

CLAIMS

| AS FILED        | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|-----------------|------------------------|------|------------------------|------|
|                 | IND.                   | DEP. | IND.                   | DEP. |
| 1               |                        |      |                        |      |
| 2               |                        |      |                        |      |
| 3               |                        |      |                        |      |
| 4               |                        |      |                        |      |
| 5               |                        |      |                        |      |
| 6               |                        |      |                        |      |
| 7               |                        |      |                        |      |
| 8               |                        |      |                        |      |
| 9               |                        |      |                        |      |
| 10              |                        |      |                        |      |
| 11              |                        |      |                        |      |
| 12              |                        |      |                        |      |
| 13              |                        |      |                        |      |
| 14              |                        |      |                        |      |
| 15              |                        |      |                        |      |
| 16              |                        |      |                        |      |
| 17              |                        |      |                        |      |
| 18              |                        |      |                        |      |
| 19              |                        |      |                        |      |
| 20              |                        |      |                        |      |
| 21              |                        |      |                        |      |
| 22              |                        |      |                        |      |
| 23              |                        |      |                        |      |
| 24              |                        |      |                        |      |
| 25              |                        |      |                        |      |
| 26              |                        |      |                        |      |
| 27              |                        |      |                        |      |
| 28              |                        |      |                        |      |
| 29              |                        |      |                        |      |
| 30              |                        |      |                        |      |
| 31              |                        |      |                        |      |
| 32              |                        |      |                        |      |
| 33              |                        |      |                        |      |
| 34              |                        |      |                        |      |
| 35              |                        |      |                        |      |
| 36              |                        |      |                        |      |
| 37              |                        |      |                        |      |
| 38              |                        |      |                        |      |
| 39              |                        |      |                        |      |
| 40              |                        |      |                        |      |
| 41              |                        |      |                        |      |
| 42              |                        |      |                        |      |
| 43              |                        |      |                        |      |
| 44              |                        |      |                        |      |
| 45              |                        |      |                        |      |
| 46              |                        |      |                        |      |
| 47              |                        |      |                        |      |
| 48              |                        |      |                        |      |
| 49              |                        |      |                        |      |
| 50              |                        |      |                        |      |
| TOTAL<br>IND.   | 2                      |      |                        |      |
| TOTAL<br>DEP.   | 14                     | ↔    | ↔                      | ↔    |
| TOTAL<br>CLAIMS | 16                     |      |                        |      |

|                 | IND. | DEP. | IND. | DEP. | IND. | DEP. |
|-----------------|------|------|------|------|------|------|
| 51              |      |      |      |      |      |      |
| 52              |      |      |      |      |      |      |
| 53              |      |      |      |      |      |      |
| 54              |      |      |      |      |      |      |
| 55              |      |      |      |      |      |      |
| 56              |      |      |      |      |      |      |
| 57              |      |      |      |      |      |      |
| 58              |      |      |      |      |      |      |
| 59              |      |      |      |      |      |      |
| 60              |      |      |      |      |      |      |
| 61              |      |      |      |      |      |      |
| 62              |      |      |      |      |      |      |
| 63              |      |      |      |      |      |      |
| 64              |      |      |      |      |      |      |
| 65              |      |      |      |      |      |      |
| 66              |      |      |      |      |      |      |
| 67              |      |      |      |      |      |      |
| 68              |      |      |      |      |      |      |
| 69              |      |      |      |      |      |      |
| 70              |      |      |      |      |      |      |
| 71              |      |      |      |      |      |      |
| 72              |      |      |      |      |      |      |
| 73              |      |      |      |      |      |      |
| 74              |      |      |      |      |      |      |
| 75              |      |      |      |      |      |      |
| 76              |      |      |      |      |      |      |
| 77              |      |      |      |      |      |      |
| 78              |      |      |      |      |      |      |
| 79              |      |      |      |      |      |      |
| 80              |      |      |      |      |      |      |
| 81              |      |      |      |      |      |      |
| 82              |      |      |      |      |      |      |
| 83              |      |      |      |      |      |      |
| 84              |      |      |      |      |      |      |
| 85              |      |      |      |      |      |      |
| 86              |      |      |      |      |      |      |
| 87              |      |      |      |      |      |      |
| 88              |      |      |      |      |      |      |
| 89              |      |      |      |      |      |      |
| 90              |      |      |      |      |      |      |
| 91              |      |      |      |      |      |      |
| 92              |      |      |      |      |      |      |
| 93              |      |      |      |      |      |      |
| 94              |      |      |      |      |      |      |
| 95              |      |      |      |      |      |      |
| 96              |      |      |      |      |      |      |
| 97              |      |      |      |      |      |      |
| 98              |      |      |      |      |      |      |
| 99              |      |      |      |      |      |      |
| 100             |      |      |      |      |      |      |
| TOTAL<br>IND.   |      |      |      |      |      |      |
| TOTAL<br>DEP.   |      | ↔    | ↔    | ↔    |      |      |
| TOTAL<br>CLAIMS |      |      |      |      |      |      |